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=> d his

     (FILE 'HOME' ENTERED AT 12:13:28 ON 04 MAR 2004)

     FILE 'REGISTRY' ENTERED AT 12:13:41 ON 04 MAR 2004
L1             1 S 193270-76-7
L2             1 S 193272-70-7

     FILE 'CAPLUS' ENTERED AT 12:15:27 ON 04 MAR 2004
L3            13 S L1 OR L2
L4             1 S L3 AND (APPETITE OR FOOD OR HUNGER OR DEPRESS?)

     FILE 'MEDLINE' ENTERED AT 12:39:37 ON 04 MAR 2004
L5         52147 S GROWTH(3A)HORMONE
L6           772 S L5(L)(APPETITE OR HUNGER OR FOOD)
L7            31 S L5(S)APPETITE
L8            17 S L7 NOT PY>=2000
L9            38 S L5(L)(APPETITE(10A)(INCREAS? OR STIMULAT? ))
L10           15 S L9 NOT PY>=2000
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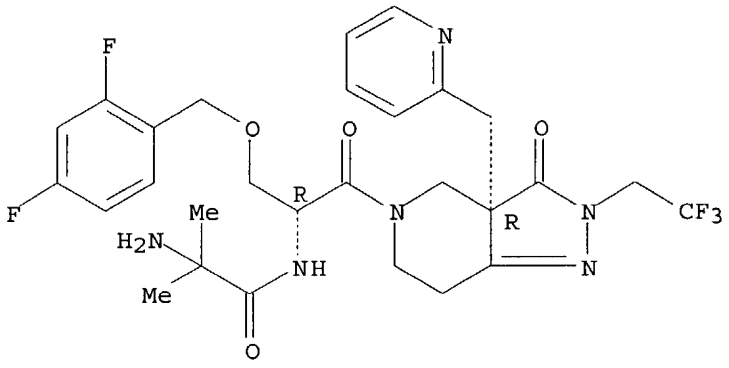
Instant Compound

L2 ANSWER 1 OF 1 REGISTRY COPYRIGHT 2004 ACS on STN
RN **193272-70-7** REGISTRY

Absolute stereochemistry.



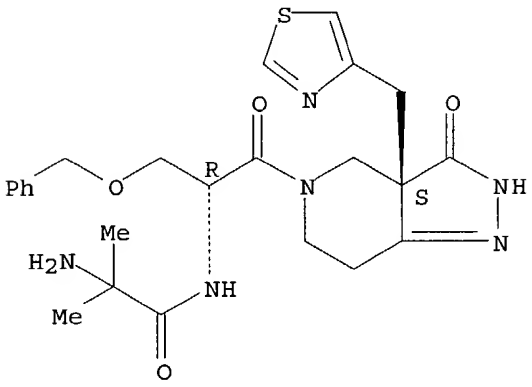
PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

CN Propanamide, 2-amino-N-[(1R)-1-[[(2,4-difluorophenyl)methoxy]methyl]-2-[(3aR)-2,3,3a,4,6,7-hexahydro-3-oxo-3a-(2-pyridinylmethyl)-2-(2,2,2-trifluoroethyl)-5H-pyrazolo[4,3-c]pyridin-5-yl]-2-oxoethyl]-2-methyl- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN Propanamide, 2-amino-N-[1-[[(2,4-difluorophenyl)methoxy]methyl]-2-[2,3,3a,4,6,7-hexahydro-3-oxo-3a-(2-pyridinylmethyl)-2-(2,2,2-trifluoroethyl)-5H-pyrazolo[4,3-c]pyridin-5-yl]-2-oxoethyl]-2-methyl-, [R-(R*,R*)]-

L1 ANSWER 1 OF 1 REGISTRY COPYRIGHT 2004 ACS on STN
RN **193270-76-7** REGISTRY

Absolute stereochemistry.

Instant compound



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

CN Propanamide, 2-amino-N-[(1R)-2-[(3aS)-2,3,3a,4,6,7-hexahydro-3-oxo-3a-(4-thiazolylmethyl)-5H-pyrazolo[4,3-c]pyridin-5-yl]-2-oxo-1-[(phenylmethoxy)methyl]ethyl]-2-methyl- (9CI) (CA INDEX NAME)

OTHER CA INDEX NAMES:

CN Propanamide, 2-amino-N-[2-[2,3,3a,4,6,7-hexahydro-3-oxo-3a-(4-thiazolylmethyl)-5H-pyrazolo[4,3-c]pyridin-5-yl]-2-oxo-1-[(phenylmethoxy)methyl]ethyl]-2-methyl-, [R-(R*,S*)]-

L8 ANSWER 10 OF 17 MEDLINE on STN
ACCESSION NUMBER: 95274367 MEDLINE
DOCUMENT NUMBER: PubMed ID: 7754750
TITLE: Childhood obesity: pathophysiology and treatment.
AUTHOR: Klish W J
CORPORATE SOURCE: Department of Pediatric Nutrition and Gastroenterology, Baylor College of Medicine, Texas Children's Hospital, Houston 77030, USA.
SOURCE: Acta paediatrica Japonica; Overseas edition, (1995 Feb) 37 (1) 1-6. Ref: 18
Journal code: 0370357. ISSN: 0374-5600.
PUB. COUNTRY: Australia
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW LITERATURE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199506
ENTRY DATE: Entered STN: 19950629
Last Updated on STN: 19950629
Entered Medline: 19950619

AB Childhood obesity is among the most difficult problems which pediatricians treat. It is frequently ignored by the pediatrician or viewed as a form of social deviancy, and blame for treatment failure placed on the patients or their families. The definition of obesity is difficult. Using total body electrical conductivity (TOBEC) technology, total body fat ranges between 12% and 30% of total body weight in normal children and adolescents. This is influenced not only by age, but also by physical fitness. Anthropometry is the easiest way to define obesity. Children whose weight exceeds 120% of that expected for their height are considered overweight. Skinfold thickness and body mass index are indices of obesity that are more difficult to apply to the child. Childhood obesity is associated with obese parents, a higher socioeconomic status, increased parental education, small family size and a sedentary lifestyle. Genetics also clearly plays a role. Studies have demonstrated that obese and non-obese individuals have similar energy intakes implying that obesity results from very small imbalances of energy intake and expenditure. An excess intake of only 418 kJ per day can result in about 4.5 kg of excess weight gain per year. Small differences in basal metabolic rate or the thermic effects of food may also account for the difference in energy balance between the obese and non-obese. In the Prader Willi Syndrome, there appears to be a link between appetite and body fatness. When placed on **growth hormone**, lean body mass increases, body fat decreases, sometimes to normal, and **appetite** becomes more normal.(ABSTRACT TRUNCATED AT 250 WORDS)

09/893,014

L10 ANSWER 3 OF 15 MEDLINE on STN
ACCESSION NUMBER: 2000036825 MEDLINE
DOCUMENT NUMBER: PubMed ID: 10567856
TITLE: Co-localization of growth hormone secretagogue receptor and NPY mRNA in the arcuate nucleus of the rat.
AUTHOR: Willesen M G; Kristensen P; Romer J
CORPORATE SOURCE: Department of Histology, Health Care Pharmacology, Health Care Discovery, Novo Nordisk A/S, Bagsvaerd, Denmark.
SOURCE: Neuroendocrinology, (1999 Nov) 70 (5) 306-16.
Journal code: 0035665. ISSN: 0028-3835.
PUB. COUNTRY: Switzerland
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200004
ENTRY DATE: Entered STN: 20000427
Last Updated on STN: 20000427
Entered Medline: 20000414

AB **Growth hormone** secretagogues (GHS) are small, synthetic compounds which have the potential of releasing **growth hormone** (GH) from the pituitary. The mechanism of action of GHS has not been fully elucidated. A specific GHS receptor (GHS-R) is expressed in the pituitary gland and in several areas of the brain including the hypothalamus. We have characterized the GHS-R-mRNA-expressing neurons with respect to co-expression of selected neurotransmitters in the hypothalamus. This was done by dual chromogenic and autoradiographic in situ hybridization with riboprobes for GHS-R mRNA and neuropeptide Y (NPY), pro-opiomelanocortin (POMC), somatostatin (SRIH) or GH-releasing hormone (GHRH) mRNA. In the arcuate nucleus, GHS-R mRNA was expressed in 94 +/- 1% of the neurons expressing NPY, 8 +/- 2% of those expressing POMC and 30 +/- 6% expressing SRIH mRNA. 20-25% of the GHRH- mRNA-expressing neurons contained GHS-R mRNA, whereas the vast majority of the arcuate GHS-R-mRNA-containing cells did not contain GHRH mRNA. The finding of a significant co-expression of GHS-R and NPY mRNA in the arcuate nucleus is in accordance with the previous demonstration by Dickson et al. that c-Fos is induced in NPY neurons following GHS administration. These results indicate that GHS have other effects on neuroendocrine regulation than GH release via GHRH neurons. Stimulation of the arcuate NPY neurons via GHS-R may explain the **increased appetite** and the cortisol release seen after administration of some GHS compounds.

09/893,014

L10 ANSWER 12 OF 15 MEDLINE on STN
ACCESSION NUMBER: 87085987 MEDLINE
DOCUMENT NUMBER: PubMed ID: 3794875
TITLE: Enhancement of linear growth and weight gain by cyproheptadine in children with hypopituitarism receiving growth hormone therapy.
AUTHOR: Kaplowitz P B; Jennings S
CONTRACT NUMBER: M01-RR-00065 (NCRR)
SOURCE: Journal of pediatrics, (1987 Jan) 110 (1) 140-3. Journal code: 0375410. ISSN: 0022-3476.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL) Journal; Article; (JOURNAL ARTICLE) (RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 198702
ENTRY DATE: Entered STN: 19900302 Last Updated on STN: 19980206 Entered Medline: 19870205

AB Cyproheptadine (Cp), an antihistamine serotonin antagonist drug with **appetite-stimulating** activity, was given to children with **growth hormone** (GH) deficiency to test the hypothesis that increased weight gain would enhance the effect of GH on linear growth. Six patients with idiopathic GH deficiency received GH 0.08 U/kg three times per week plus Cp 0.25 to 0.4 mg/kg/day for 4-month periods, alternating with 4-month periods of GH plus placebo, on average for 16 months. Overall, height velocity (HV) increased from 9.1 +/- 2.4 with GH alone to 12.1 +/- 2.1 cm/yr with GH-Cp (P = 0.01) and weight velocity (WV) increased substantially from 1.3 +/- 1.3 to 7.8 +/- 3.6 kg/yr (P = 0.01). For 10 of 11 8-month treatment intervals completed, HV was greater during GH-Cp treatment than during GH alone, and there was a good correlation between HV and WV for each 4-month observation period (r = 0.64, P less than 0.002). These findings should be considered preliminary because of the small number of patients, but suggest that weight gain induced by cyproheptadine results in improved linear growth in patients given GH and that this drug may be useful in optimizing the response to GH therapy.

AB Cyproheptadine (Cp), an antihistamine serotonin antagonist drug with **appetite-stimulating** activity, was given to children with **growth hormone** (GH) deficiency to test the hypothesis that increased weight gain would enhance the effect of GH on linear growth. Six. . .